

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014400

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317  
FILED APR 11 1963

500

1083

VS 300  
Rev. 4/59

1 4000

2 4000

3

4 0

5 1

6

7 0

8 0

9 446X

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

INSTEAD OF

6505 Delmar

Barnstein

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN CarsonvilleLength of stay in 1b  
50 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2639 Carson RdInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St Louis

c. CITY OR TOWN Carsonville

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2639 Carson RdReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First JOSEPH

Middle

Last SCHRICK

4. DATE OF DEATH

Month Day Year  
Mar 29 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/14/1883

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Bottler10b. KIND OF BUSINESS OR INDUSTRY  
Brewery11. BIRTHPLACE (City and state or country)  
St Louis Mo12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Carl Schrick

13b. MOTHER'S MAIDEN NAME

Boberschmidt

14. NAME OF HUSBAND OR WIFE

Elizabeth Schrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)  
No16. SOCIAL SECURITY NO.  
017. INFORMANT  
Richard Schrick 1866 Engelholm18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Renal Disease - Pyelonephritis

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-1-63 to 3-29-63 and last saw her/him alive on 3-29-63  
Death occurred at 6:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Baron M Barnstein MD

22b. ADDRESS

8505 Delmar

22c. DATE SIGNED

3-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE

4/1/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St Louis Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ortmann F Home 9222 Lackland Overland Mo

25. DATE RECD. BY LOCAL REG.

3-30-63

26. REGISTRAR'S SIGNATURE

John Murphy MD

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Al A. Ostmann

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.